THE CHIRONIAN

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THE CHIRONIAN

"In Essentials, Unity; In Non-Essentials, Liberty; In All Things, Charity."

VOLUME XXXIII APRIL 1917 NUMBER 10

Compulsory Health Insurance—A Criticism of Some of the Features of the Mills Bill*

BY

EDWIN B. JENKS, CLASS OF 1901.

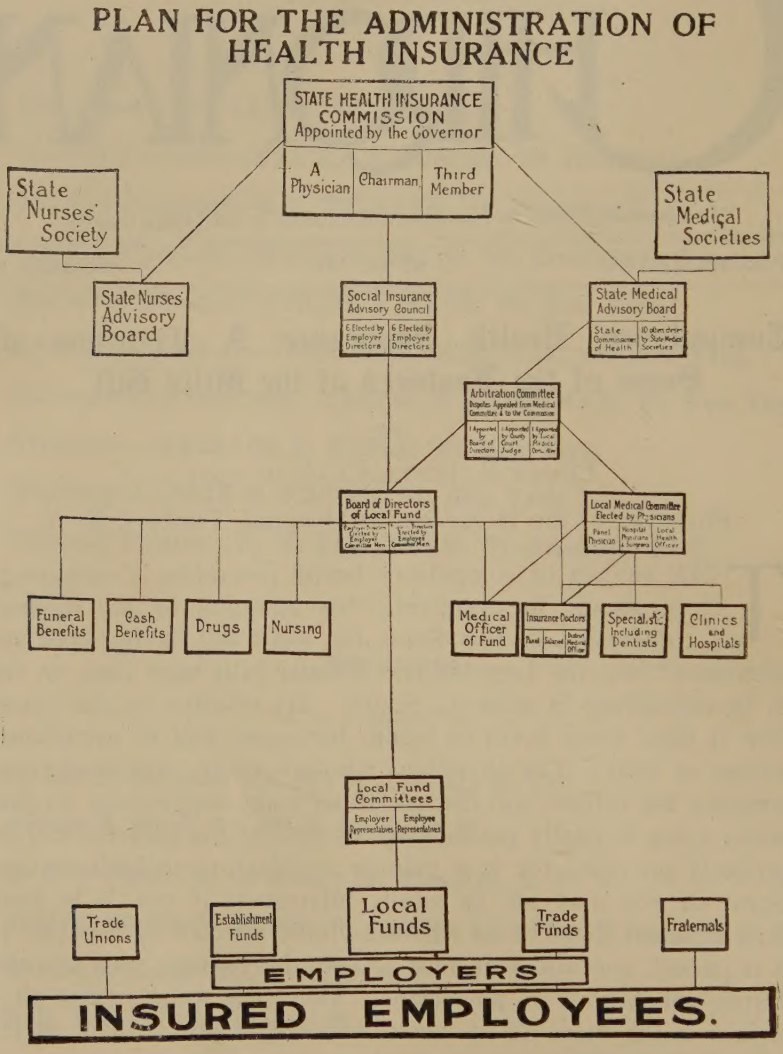
Physician to the Homeopathic Hospital, Yonkers, N. Y.

THE subject of compulsory health insurance is occupying, or should be occupying, the attention of the medical profession of this State, the Mills bill having been re-introduced into the Legislature. Similar bills have been or are to be considered in some 34 States. My position on this question is this: some form of health insurance will be established sooner or later. The physicians who are vitally interested must consider the subject and discuss it and make suggestions, so that when a law is finally passed they, as well as the insured, will be properly provided for in a manner satisfactory to both parties. Some of you may not be vitally interested; if not, it is your duty to assist those of us who are vitally affected by this bill, if it is passed, and also you must protect the younger men and the future generations of physicians. There are some 14,000 physicians in the State all of whom, this means you, will be under the influence of this or a similar law.

The compensation law is in force and it works in a more or

*Read before the March meeting of the Helmuth Club.

less satisfactory, principally less satisfactory, manner. If the physicians had been more familiar with the provisions of this compensation law and had considered its workings more care-



fully they would have been provided for in a much more satisfactory manner.

Tonight, I wish to consider some of the features of the

Mills bill, leaving the Ideal Health Insurance Law to be considered when someone appears who is clever enough to draw up a law which will be fair to every one whom it affects.

The Mills bill must be considered from the standpoint of the physician and the insured. Will this bill, if enacted, give the insured better medical care than they already receive and will it protect the physician in the practice of his profession and in the earning of his livelihood? I wish to give an outline of this bill for the sake of those who are not familiar with it, or the outline may refresh the memory of those who are more or less familiar with its provisions. I then hope to criticise some of the sections which I think form bad features of this bill. The opinions expressed are in part original, but they are largely culled from the opinions expressed by others.

This diagrammatic arrangement of the various parts of the bill is taken from a pamphlet by Dr. Lambert, as proposed by the American Association for Labor Legislation.

A general criticism of this law is that it is top heavy with an enormous salary list and a mighty political machine for those in control. There will be 3 to 5 million people affected by compulsory insurance. This law states that these people will be divided into districts of not more than 5,000 people to a district. If the 3 million figure is taken, this will make 600 districts. Each district will have a local medical committee of from 7 to 15 persons, a committee of the fund (see sec. 70) of from 20 to 100 persons, a board of directors (see sec. 72) of from 8 to 18 persons, or in all 35 to 133 persons for each district or 21,000 to 79,800 for the entire State; this does not include the commission, councils, etc. Each of the board of directors of each district, 8 to 18 persons, is to be paid $5.00 per day for each day's work, which would make a total of $24,000 to $54,000 spent for each day's work of this one group of men. This is only one item of the expense of administration. The total estimated cost to the State would be 40 millions of dollars and this sum represents only 20 per cent. of the cost of this insurance, the remainder being paid by the insured and their employers. This, in turn, will raise the cost of production, so who will really pay for the insurance? Not the State, not the employers, but the people will pay all the cost. How is this true?

Where does the physician come in? Eighty per cent. of the people of the State will be affected by this insurance, this leaves 20 per cent. unaffected. Of this 20 per cent., 10 per cent. are not wage earners, for some reason or other, and so are not eligible for the insurance and will have to be taken care of as charity cases as they are at present. This leaves 10 per cent. who are not affected by this law, who are producers and who will give to the physician his income excepting for the amount he *might* receive from the funds. Not only is this to be considered, but as many physicians are taxpayers they will be called upon to pay their share of the money appropriated by the State for insurance which would reduce the income of the physician without his receiving any additional benefits.

Everyone of us is interested in the subject of possible fees to be received from the workings of this law. The law states that no physician on a panel is to have more than 500 families or more than 1,000 insured people on his list. Suppose he has 1,000 people. Each working person loses on the average of nine days per year on account of illness. This physician would make 9,000 calls per year or about 25 calls per day. How much careful consideration would each case receive, how much improvement in the care would they get more than they are receiving? Remuneration—well, the average salary paid to physicians by cities is about $2,000 per year. If this is correct, and if he makes 9,000 calls, he receives about $0.45 per call if he is paid on the per capita basis. If he is paid by the other arrangement of dividing the total number of calls made by all the physicians of the panel into the amount of the funds received, he might get more than $.45, but he probably would receive much less. In this illustration it is considered that the physician has the full number of people which the law allows. Many physicians will have far less than the maximum number, others will have far more than the number, as by a process of subletting the work they might largely exceed the maximum. No matter from what angle this subject of remuneration is considered, it is very small for the hard work and responsibility demanded.

One other point might be mentioned; that is, the medical work might be placed in the hands of the carriers who employ their own corps of physicians. If this condition of affairs ex-

isted the practice of many physicians would be all but eliminated. Also, if this condition of affairs existed it would eliminate another feature of the law and that is the free choice of physicians on a panel by the patient.

Thus far I have considered and criticised the bill for being top heavy with an enormous salary list, with the possibility of the formation of a powerful political machine, which might not be used for the welfare of the people. I have considered the possible remuneration of the physicians which shows that our incomes will be much smaller, while the work will certainly not be lighter. These reasons, in my opinion, are enough to condemn the bill.

While I, of course, wish to look out for the welfare of the physician, yet there are so many faults that might be found from the standpoint of the employees that I think it might be well to consider a few of these.

The proposed beneficiaries are not requesting this insurance and I heard a representative of the labor unions state that the unions did not favor it.

Many wage earners work steadily at one place of employment and these, of course, could be easily reached for the insurance collections and they would be protected by the act, but many working people are constantly shifting, not only shifting their line of work, but also their homes. The number who would belong to this class would be very large, as labor is "constantly turning over" and this shifting would make it very difficult, if not an impossible matter, to arrange for the collection of their insurance; if the payments are not made within a certain very short time then the insurance lapses and so the law would lose its value for this shifting class of employees who need it much more than those who are stationary and steadily employed. In mentioning the difficulty of insurance collections I refer to the difficulty which the employers would have of keeping an accurate record of these migratory employees, and the difficulty the State would have in learning just how much it would have to pay for its share. If the records of both were accurately kept the expense would be large for both the State and the employer.

Time will not permit a detailed study of the provisions of

the bill, but there are a few more sections to which I wish to call your attention. Section 26, of the bill, states that after four days' illness the insured would be eligible for a benefit equal to two-thirds of the weekly earnings, these earnings to be computed on the basis of the amount earned on the last six days during which the insured worked; there are certain other provisions for computing the amount due. This might prove satisfactory, provided the insured was taken ill at the place where he worked, but suppose the illness was far away from his home or suppose his home was outside of the State and he was only in the State for his work; it would take a great deal of trouble and expense to straighten this out. If the average period of illness for each employee is 9 days, he would draw very little benefit on the average. His medical care commences as soon as the Medical Officer examines him and turns him over to the panel physician. Many would not report sick and, where they now consult their physician, under the new conditions they might not consult anyone until their condition is serious, although the bill hopes to prevent this neglect of a trivial ailment and hopes to prevent it from developing into A SERIOUS DISEASE.

Undoubtedly our hospitals and dispensaries are worked by cases who do not properly belong to the class which receives and deserves free treatment. Under the provisions of this bill cases may be sent to the hospitals or dispensaries, in which case the staff of the hospital or dispensary will take charge of the case and when through with the case, as I understand it, return it to the panel physician. Thus the panel physician, unless he is connected with the hospital or dispensary, loses many interesting cases. Suppose that the person is sick, has not been working and so is not insured, what provision is made for this person in the bill? As far as I know, there is no provision made in the bill for a person in this condition and the charity work goes on as before, or some new provisions must be made.

Section 14 states that benefits, treatment, etc., shall not be furnished for more than 26 weeks to the same person. In some cases this may be extended to 52 weeks. If it is not extended so that the panel physician can continue the care, who will care for the patient?

Section 13 has to do with maternity benefits and this will hit

many physicians very hard, for they would probably not get as many as they do now. A woman must be connected with the fund for 9 of the preceding 12 months in order to obtain the maternity benefit. Of course, there are some exceptions provided for in the bill, but it is conceivable that many women will have to make their own arrangements without the aid of the funds and that we will continue to assist many babes into the world without the aid of compulsory insurance.

Many other sections of the bill might be considered, but I do not wish to make this paper too long. I wish to urge upon you the importance of this insurance, as far as we, as physicians, are concerned, and also as taxpayers. Compulsory Health Insurance will probably come, as I stated in the beginning of this paper, but it must be thoroughly discussed and criticised and worked over, improved by the mistakes of other States and countries, until we finally have a bill which is fair to the physicians, employers, employees and to the State at large. It must be less complicated than the present bill and the physicians must be allowed an authoritative vote in all matters of administration, of the selection of members of the governing bodies and of the questions of remuneration, which must be just and fair in proportion to the services rendered. We must keep our individuality and our self-respect in order to be able to work for the greatest good of our patients.

The rational nature of the art of medicine manifests itself pre-eminently in the rejection of all systematic and other prejudices, in the refusal to act without good grounds, in the adoption of every possible measure to achieve the desired action, and in confining attention as much as possible to that which can be definitely ascertained. Correspondingly the characteristic of the rational and thorough physician is, pre-eminently, attention to the divergences and differences of diseases, and also of drugs or, in other words, the careful investigation of the individual signs of every single disorder and of the individual mode of action of every single remedy.—*Organon of the Rational Art of Healing*

An Interesting Anomaly of Uterus and Vagina Complicated by Pregnancy*

BY

F. Fay Williams, Class of 1917.

MRS. W. G. is thirty years of age and gives a history of normal menstruation since puberty and one normal pregnancy, terminating in a spontaneous delivery of a healthy child.

Again becoming pregnant she went to full term, forceps and version were attempted unsuccessfully and she was taken to the Lying-in Hospital and embryotomy performed. She made an uneventful recovery and upon her discharge was told she had a double uterus and not to become pregnant again until she had been operated for the removal of the vaginal septum; she was also told a pregnancy would probably terminate in Cæsarean Section.

One year later, believing herself pregnant, she consulted Dr. Loizeaux for advice as to terminating the pregnancy or attempting to go to full term. Vaginal examination showed a distinct septum extending from the median raphe of the perineum to the anterior vaginal wall, dividing the vaginal cavity antero-posteriorly and extending into the vagina for about two inches, thus forming two distinct vaginæ. Each vagina contained a cervix and bi-manual examination disclosed two distinct uteri, each with one tube and ovary.

The left cervix was low in its vagina and easily reached with an ordinary speculum. The right cervix was situated high in the vault of its vagina and could be seen only when drawn down by a volsellum on the anterior lip and the use of a large sized bi-valve speculum. From the enlarged fundus, softened cervix, mucous membrane discoloration and menstrual history, pregnancy of the right uterus was diagnosed.

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*Under direction of Professor Leon S. Loizeaux, M. D., F. A. C. S., Department of Obstetrics.

After consultation, the vaginal septum was excised and both uteri curetted; the right one containing the products of conception of six weeks' pregnancy. She made an uneventful recovery and on discharge was told in case of subsequent pregnancy there would be no occasion for intervention.

Within a year she became pregnant and found a physician willing to terminate the pregnancy and who passed a bougie, probably into the wrong uterus, as abortion did not follow. After waiting another month she consulted another physician who curetted, under anæsthesia, the left uterus, obtaining what he supposed was the products of conception, but which probably was sympathetic decidua. Within forty-eight hours the patient developed severe labor pains; the physician in charge administered opiates, but the third day following the curettage she expelled what appeared to be a two months' fœtus. Upon examination the cervix of the right uterus was found dilated and filled with placental tissue. The patient was again anæsthetized and an attempt made to curette the right uterus.

Within twenty-four hours the patient's abdomen was greatly distended, rigid and tender, vomiting set in, giving a picture of peritonitis, but with several additional symptoms which indicated the presence of much blood in the abdominal cavity. First, symptoms of shock within a few hours following a minor operation; second, pallor and anæmia out of proportion to blood lost at the curettage, and, third, normal sublingual temperature and rectal temperature of 102 degrees.

Dr. Loizeaux was again called in consultation and patient removed to Flower Hospital. Upon her arrival, immediate operation was decided upon and a grave prognosis given her family.

Gas and oxygen anæsthesia was administered and both uteri curetted, a perforation was found in the right uterus through which a sponge forceps could be introduced into the pelvic cavity, so the abdomen was opened at once.

The abdominal and pelvic cavities were filled with dark clotted blood and there was still an active hemorrhage. The left uterus was placed low in the pelvic cavity, was normal in size and with macroscopically normal tube and ovary. The right uterus was large, soft and boggy, and a large perforation was

found in the posterior wall just above the cervico-fundal junction; because of the extreme vascularity of the uterus the probable presence of infection, the inaccessibility of the perforation for proper repair, combined with the critical condition of the patient, supervaginal extirpation of the left uterus with its tube and ovary was performed, leaving the left uterus and ovary in position.

The abdominal wound was closed with drainage and patient returned to her room suffering from shock and hemorrhage and in serious condition; pulse 176, weak and thready; respiration 30, and very shallow.

The foot of the bed was elevated on shock blocks, a coffee retention enema given, followed by 20 minims of camphor and abboline, the camphor was repeated every two hours in alternation with 10 minims of adrenalin chloride and the Murphy drip given continuously for twelve hours.

Her condition remained critical for forty-eight hours, being complicated by severe gas pains. High compound, peppermint and soda bicarb. enemata and stomach lavage with cold vichy followed by cracked ice and brandy instituted peristalsis and controlled the vomiting.

After the third day her recovery was uneventful, the wound healed without pus and she left the hospital twenty-one days post-operative.

As it is now no longer doubtful that the diseases of men consist merely of certain groups of definite symptoms, and may be destroyed and changed into health (which is the order of proceeding in all genuine cures) by a medicine truly, but only by such a medicine as can artificially excite similar disease-symptoms, it follows that the art of cure is comprised in finding an answer to these three questions:

1. How can the physician discover what he needs to know of the disease in order to cure it?

2. How can he discover the individual disease-producing powers of medicines which are to act as counter-diseases for the cure of natural diseases?

3. How can he most efficiently turn these artificial disease-producing powers (medicines) to account for the cure of natural diseases?—*Organon of the Rational Art of Healing.*

Nephritic Toxemia of Pregnancy*

BY

ARCHIBALD K. BENEDICT, CLASS OF 1917.

THIS is the case of Mrs. B., aged twenty-four years, a housewife. Her previous health has always been good, having had no children's diseases or ailments. At the age of twenty-two years she had a mild attack of measles complicated by a more severe case of lobar pneumonia. Her first menstruation occurred at the age of thirteen, the duration of which was five days, and normal in amount. Her menses have been normal, both in amount and regularity, until her present pregnancy. She was married at the age of twenty-one years. The gynecological history is negative. The present pregnancy is her first one.

On May 15, 1916, she had her last normal menstruation; her pregnancy progressed uneventfully and in September, 1916, she experienced sensations of life. During this period she underwent no nausea, or vomiting.

On October 28, 1916, she was taken suddenly ill at the dinner table. Prodromal symptoms appearing at this time were headache, dizziness, twitching of muscles, cramps and nausea. These persisted for a period of about five minutes, after which she sank suddenly into coma. She was immediately brought to Flower Hospital by ambulance. Her condition on admission was as follows:—The pupils were widely dilated, and eyes turned with head to one side. The entire body became spastic, features distorted, arms flexed, hands clenched and feet inverted. The convulsion lasted but a short time when the jaws opened and closed violently together with the eyelids. A muscular twitching followed, beginning in the face and extending to the upper extremities and thence to the lower extremities and over entire body. Blood-tinged foam was removed from the mouth,

*Under direction of Professor Leon S. Loizeaux, M. D., F. A. C. S., Department of Obstetrics.

the pulse rate was high and strong in character, extreme cyanosis occurred at irregular intervals.

The patient passed through the above cycle at intervals of about twenty minutes. Her temperature, which was slightly above normal on admission, rapidly rose to 102 degrees, pulse rate 104. Her breathing slowly became stertorous in character, the complexion was waxy in appearance and the entire body was bathed in a cold, clammy perspiration. The systolic blood pressure was 145, with a diastolic pressure of 110, pulse pressure 35. Urinalysis showed microscopically numerous hyaline and granular casts, kidney and pelvic epithelia moderate, red blood corpuscles and pus corpuscles moderate, albumen 0.148 per cent.

The convulsions were so frequent and severe that, after eliminative treatment had been instituted, Morphine was given to temporarily control the spasms and immediate delivery decided upon.

The three methods of procedure available, aiming at delivery at one sitting, in this case were: (1) Vaginal hysterectomy, (2) abdominal Cæsarean, (3) accouchement force.

Abdominal section was ruled out on account of the increased shock of opening the peritoneal cavity combined with the fact that at six months there was practically no chance of a living child.

Accouchement force was decided against because the cervix was rigid and undilated and it was believed that mechanical and manual dilatation with danger of lacerations, hemorrhage and subsequent infections promised less speed and greater shock than vaginal hysterectomy.

Vaginal hysterectomy is indicated between 5½ and 7 months' pregnancy in primiparas in the presence of a rigid cervix and where immediate delivery seems essential.

Under ether anæsthesia, a weighted speculum was introduced and the anterior vaginal wall elevated with a broad Sims' speculum.

The cervix was drawn down by volsella, a transverse incision made across the cervix just below the attachment of the bladder and the bladder pushed up by gauze dissection; the cervix was then split in the median line anteriorly, with heavy scissors, up through the internal os.

The fœtus was extracted by version and the placenta expressed by Credi's method. The fundus was massaged continually, while the median incision was closed with interrupted sutures of number 2 chromic gut and the transverse incision with interrupted number 2 plain.

Following the emptying of the uterus, convulsions occurred about every hour until the following morning when they ceased suddenly and permanently. In preparation for the operation the patient was given a purge and enemas to clear, an alcoholic sponge bath, a colonic irrigation of bi-carbonate of soda, one per cent., and morphine, grs. ¼.

Following the operation, enemas were given every three hours, followed by a bi-carbonate retention. Chloral hydrate, grs. 30, per rectum, were given. The patient received Urotropin per mouth, she was placed on a light liquid diet.

For two days, post-operative, she was in a semi-comatosed condition with profuse perspiration and restlessness. The fundus became firm and the progress of subinvolution was normal. The lochia was moderate in amount, being at first sanguineous and sero-sanguineous with slight odor and diminished to small amount of serous.

Four days, post-operative, her systolic blood pressure had dropped to 105. Recovery was uneventful, patient being discharged.

On the other hand, the disease-producing powers usually termed "drugs" or "medicines" can be used for purposes of cure, with infinitely greater ease, far more certainty and with a range of choice almost unlimited; we can give to the counter-disease thereby aroused (which is to remove the natural disease that we are called to treat) a regulated strength and duration, because the size and weight of the dose lies at our command; and as every medicine differs from every other and possesses a wide range of action, we have in the great multitude of drugs an unlimited number of artificial diseases ready to hand, which we can oppose with decisive choice to the natural course of the diseases and infirmities of mankind, and so, swiftly and surely, remove and extinguish natural disorders by means of very similar diseases artificially produced.—*Organon of the Rational Art of Healing.*

Some Recent Phases of Cardio-Vascular Renal Disease*

BY

DAVID B. JEWETT, CLASS OF 1902.

Physician to Rochester (N. Y.) Homeopathic Hospital.

IN no department of medicine has there been more remarkable progress made than in that relating to cardio-vascular-renal disease. The work of McKenzie, Lewis and Cushing has revolutionized our entire knowledge of cardiac disease and the cardiac patient is studied from absolutely a different viewpoint.

Besides the older methods of classification of cardiac disease relating to murmurs, their point of transmission, etc., we now study the irregularities of the heart, which are divided by McKenzie into, first, sinus irregularities; second, extra-systoles; third, heart block; fourth, auricular fibrillation. Just a word of explanation regarding these various types of irregularity. Sinus irregularities are of little or of no import and are simply a lengthening of diastole. It is the most common form of irregularity in the young and does not indicate organic heart disease. Extra-systoles are *premature contractions of ventricles or auricles* that are appreciated as an extra beat on listening over the heart, or as a skip while palpating the pulse. After this premature contraction there is a compensatory pause while sufficient energy is being accumulated for the next systole. Extra-systoles may be due to very minor causes such as neurotic conditions, tobacco poisoning, or they may be an expression of myocardial change. That form of extra-systole that is appreciated by the patient, and the sudden heave is felt in the chest is usually not an indication of myocardial disease and its greatest disturbance is the disquieting effect it has on the mind of the patient. However the presence of extra-systole in an individual calls for the most careful investigation of the entire cardio-vascular system of the individual in order that severe and dangerous cardiac disease may not go unnoticed.

*Read before the Monroe County Homeopathic Medical Society.

Heart block is, in the writer's experience, rather a rare condition, only one case being present in over a thousand consecutive medical examinations. Heart block is caused by the interruption of the auricular-ventricular impulse which starts at the mouth of the great veins and then, by bundle of His, is transmitted to the ventricles. The heart block may be either complete or incomplete. If complete the auricle usually beats twice as frequently as the ventricle, owing to the fact that the ventricle takes on its own rate of contraction. It is possible in cases of complete heart block to note the auricular contractions by careful observations of the jugular pulse, but incomplete heart block can only be adequately diagnosed by special means. *Heart block should be suspected in any patient where the ventricular contraction is under 40 per minute.*

Auricular fibrillation is a very common form of serious cardiac irregularity. It is that form of perpetual irregularity which ensues in those patients with chronic cardiac disease where every contraction of the ventricle is of different forces and is the condition described by the older writers so clearly as "delirium cordis." It is a very important condition to be able to recognize clinically because here digitalis in physiological doses is almost an absolute specific. The writer has seen, in consultation, many cases of this kind where everything but the proper drug, digitalis, had been administered and which promptly subsided on the giving of sufficient digitalis to produce a marked effect. This condition has also been noted after operation, especially after operations for exophthalmic goitre. Seventy-five per cent. of all irregularities seen in ambulatory cases are due to extra-systoles; while 75 per cent. of all irregularities occurring in bed ridden patients are instances of auricular fibrillation.

The study of these conditions has largely rested upon the use of two machines, the electro-cardiograph, which ingeniously records the electric currents produced by the cardiac rhythmical contractions and, secondly, by the polygraph, which records simultaneously the radial and jugular pulses. Although it was only by means of these mechanical appliances that these conditions can be well studied and that the minor irregularities can today be discovered, still many of the higher grade types of these lesions can be well recognized clinically.

Another factor of cardiac disease that has recently come

prominently into notice is the remarkable effect of late syphilis on the heart or blood vessels. *An aortic lesion under the age of forty is almost always due to syphilis.* Aneurysm of the aorta is now recognized as being a syphilitic-mesarteritis with a subsequent dilatation of the vessel. Two cases recently studied by the writer of aortic aneurysm not only gave a history of syphilitic infection, but also showed positive Wassermann's and this is true of all of the cases studied in the last few years. Then, too, the spirochete often invades the myocardium and produces high grades of myocarditis. Aortitis with subsequent coronary sclerosis when not due to arteriosclerosis finds its etiological factor in syphilis. We may say that every cardiac case should have a Wassermann examination made for a complete study and if we do not have a clear history of tonsillitis, chorea or articular rheumatism we should strongly suspect a syphilitic infection. The roll of syphilis in cardio-vascular disease has only begun to be appreciated.

Reference must also be made to the etiological importance of certain focal infections. The causative relationship of some of the acute infections has long been well appreciated and now Rosenow, has shown the importance of chronic foci that, by slow absorption over a long period of time, may produce serious lesions of the blood vessels, heart and kidneys. Although this work has been carefully done and scientifically controlled by animal experimentation, it is too early to determine with certainty the exact importance of these infections on this class of disease. It may, however, be stated with great emphasis that in the study of a case careful attention should be paid to the teeth, the tonsils, the nasal sinuses, appendix, gall bladder and genital tracts. If infection is found this infection should be carefully eliminated. We must, of course, remember that such an infection may not be the causative factor, but only a coincident. The mere finding of the infective focus far from proves that it is the etiological factor in the case, however there can be no question that every such focus of infection should be eliminated without any particular bearing on the case in question and, furthermore, there may be a reasonable expectation that it may be one of the factors at work in the causation of the disease.

Since the preparation of this paper the writer has had occasion to analyze the case histories of 97 cardio-vascular-renal

cases with reference to the presence or the absence of focal infection. Of these 97 cases 19 showed infected teeth, 17 infected tonsils, one chronic sinusitis, 2 bronchiectatic cavities, 2 chronic gall bladder infection, 4 combined foci of the tonsils, teeth and sinuses and one each of mastoid diseases, abscess of the kidney, abscess of the hip and metritis. Forty-eight showed no focal infection in the histories. Thus we will observe that about 50 per cent. showed some evidence of focal infection and of the cases of focal infection nearly half showed lesions in the tonsils, teeth or sinuses. An effort was made to divide this group into divisions of endocarditis, nephritis and arteriosclerosis although it is at once appreciated that, most commonly, all three parts of the vascular system are involved. However, this diagnosis is one placing emphasis on the most pronounced lesion. Considered in this light it is noted that in 41 cases of arteriosclerosis, whose average age was 60, that there were but nine cases in which focal infection was thought to play a part, while in 32 cases there was no evidence of focal infection noted. This is in marked contrast to the figures on endocarditis whereof 30 cases studied 22 showed evidence of focal infection or of the nephritic cases, 21 in number, 15 showed evidence of clinical infection. These figures certainly tally with the result of clinical experience.

The blood pressure instrument has, during the last decade, become a routine part of the examination of every patient and it is quite as important a clinical routine test and almost as simple as taking the temperature or the pulse. Conditions of hypo-tension do not afford in general much information. You are familiar with the extremely low tension of Addison's disease and it is a matter of frequent clinical observation that in neurasthenia and tuberculosis low blood pressures are especially noted. I would also call your attention to the importance of observing the pressure in acute infections such as pneumonia or typhoid fever, routinely, as in these cases, particularly, the condition of the vasomotor system throws much light on both the prognosis and treatment. High blood pressure should always make one suspicious of disease of the kidney and demand careful and repeated examinations of the twenty-four hour sample of urine. A blood pressure of 200 or more together with a large amount of urine of low specific gravity and par-

ticularly with a fixed specific gravity practically indicates tubular nephritis, even in the absence of albumen or casts. We now look on increased blood pressure as generally a compensatory process and it is rather generally agreed that any attempt to reduce blood pressure except by dietetic or hygienic means is a mistake. *A constant blood pressure of 180 or more indicates cardiac hypertrophy and is one of the most positive means of making such a diagnosis.* Care must be taken not to confound the temporary periods of increased blood pressure such as Albutt describes as "hyperpiesis" with the more constant types associated with nephritis or arteriosclerosis. These periods of temporarily increased blood pressure frequently subside under appropriate treatment and probably these cases form the basis on which rests the credit claimed for various methods of treatment. Then, too, in estimating blood pressure the mental and nervous condition of the patient must be taken into consideration as frequently a rise of from 20 mm. to 40 mm., mercury, will be observed, apparently caused by anxiety or fright. It must also be remembered that arteriosclerosis may exist with a normal blood pressure although this is not generally the case. The diastolic blood pressure is more constant than the systolic blood pressure, and in aortic regurgitation the difference between the diastolic and the systolic blood pressure or the pulse pressure is of diagnostic import.

The greatest advances in the consideration of diseases of the kidneys are the various methods that have been devised to test their functional activity. After all the greatest factor in the disease of an organ like the kidney or the heart is its measure of function. It has long been observed, clinically, that in two cases of nephritis, both having the same urinary findings of albumen, casts, etc., that one would go on in the course of two years to death and the other case would live many years. This, after all, depends upon the amount of intact kidney substance capable of functionating properly. Although many tests have been described and used the one most practical and most reliable is the pheno-sulph-phthalein test devised by Geraghty and Rowntree. This test is easily applied and should form a routine part of the examination of a case of nephritis. It must, of course, be appreciated in the use of this test that the function of the kidney

may be only temporarily depressed as in the passively congested kidney accompanying chronic endocarditis with loss of cardiac compensation and that later with the recovery of compensation the rate of excretion will again become normal providing no true nephritis is present. The excretion of this dye is also found to run parallel with the retention of certain products of metabolism normally excreted by the kidneys, that is, that with a lessening of the phthalein excretion that there is coincidentally a retention in the blood serum of these substances. The quantitative determination of these substances in the blood serum is one of the most notable advances of biological chemistry. The substances usually determined are the so-called non-protein nitrogen which consists of urea, uric acid and creatinin. Normally the non-protein nitrogen is from 20 to 30 milligrams per 100 c.c. of blood, while in cases of nephritis this substance is often found to be from 50 to 100 milligrams. The urea increases proportionately as the non-protein nitrogen and is approximately one-half of that substance. It was formerly supposed that uric acid was only increased in the blood in cases of gout, but it is now found that many cases of nephritis are also characterized in their earliest stage by increased uric acid retention. The third form of non-protein nitrogen, namely, creatinin, is normally present in the blood in amounts of from two to three milligrams per 100 c.c. Any amount over three milligrams is abnormal and the amounts that reach to five milligrams afford a bad prognosis. The determination of these two things, namely, the phthalein excretion and the non-protein nitrogen, affords a method of determining, in a measure, the relative involvement of the heart and kidneys. It is well appreciated that in many cardio-vascular-renal cases that it is difficult to determine whether the patient is suffering mostly from an uncompensated heart with a passively congested kidney or from definitely diseased kidneys and a subsequently dilated heart. These methods permit of such a determination much more accurately than our ordinary clinical methods have in the past and furthermore the application of these methods to the cardio-vascular-renal case affords a basis for a more rational therapy; for example, a case of nephritis with a retention of protein substance three or four times the normal indicates definitely the necessity for protein restriction in the diet.

Another interesting matter in its relation to these diseases is the matter of acidosis. By acidosis is meant a decreased alkalinity of the blood serum because if the tissues or if the blood serum should become actually acid or even neutral life could not exist. We recognize acidosis by the presence of certain substances in the urine known as acetone, oxybutyric acid and diacetic acid, by the soda bicarb. content of the blood serum and by the carbon dioxide tension of the alveolar air. The most valuable of these tests for the detection of acidosis is the examination of the blood serum because this test shows the diminished alkalinity that actually exists in the tissues; while though the urine may show large amounts of the so-called acetone bodies, the blood serum may be perfectly normal. *Clinically, acidosis is denoted by hyperpneoa, an increased rapidity and depth of respiration.* On the basis of acidosis, Fischer, of Cincinnati, has developed an alkaline therapy of nephritis, that, in his hands at least, has shown surprisingly good results. It is very probable that in chronic nephritis this factor is in some cases one well worth consideration, although it is extremely improbable that there is anything but a secondary condition in any case. The attention of the medical profession has, during the last year, been so much directed towards this matter of acidosis that history will in all probability repeat itself, and undue emphasis be placed upon the whole matter before we finally determine its real value from an etiological and therapeutic point of view. Fortunately, the administration of alkalies sufficient to make the urine alkaline is a perfectly harmless procedure, and increased rapidity of respiration not due to other factors should always make one suspicious of an acidosis being present.

Therapeutically, these cases of cardio-vascular-renal diseases are rather hopeless. The chronic conditions one sees in private or consultation practice usually succumb sooner or later, but much can be done to prolong life and to make it more comfortable by proper therapeutic measures. *Digitalis still is the crutch on which the cardiopath must for the most part depend.* In the preparation employed and the manner of its employment much of the success depends of the handling of these cases. The only digitalis that one should use today is one not only assayed, but one also physiologically tested. Next to digitalis for quick response, strophanthin, intravenously, is the best drug. When

once a full dose of strophanthin is given intravenously, no further administration of this drug or digitalis should be made for twenty-four hours. In the cases of chronic cardiac disease with loss of compensation and with the presence of much edema the use of Karell's milk diet and the administration of digitalis and diuretin produce a most remarkable result. The intake of fluid and the output of urine are carefully measured and it is not an uncommon experience to have a fluid intake of 24 ounces and an output of 130 ounces of urine in the twenty-four hours. With the decrease of the edema the whole general condition of the patient changes for the better. Diuretin (theobromin,—sodium-salicylate) is a most valuable drug in the alleviation of these cases and by the production of diuresis not only helps the cases with edema, but it also frequently aids in relieving the dyspnea and pain of those suffering from aortitis. The diet should contain little or no salt, especially when edema is present, and the amount of fluid ingested even in cases with no edema should be kept between 35 and 40 ounces. The most important thing in the treatment of cardiac and renal cases is therapeutic rest. The cardiac patient should be spared every exertion and in a renal case the kidneys should be spared as much as possible in their function. In general if an individual is deprived of all protein food he will be obliged to make up this deficit by consuming the protein of his own muscles, and so we must make sure that the nephritic case is supplied with an adequate amount of protein. This amount should be generally from 35 to 40 grams a day. As I said before the determination of the non-protein nitrogen affords a method of regulating this matter in a more exact manner than heretofore. Not only the heart and the kidneys of the patient must be considered, but also the patient himself. As some has cleverly paraphrased the matter, "What availeth it a man to cure his kidneys but lose his life."

So we treat or rather guide the patients, meeting the various emergencies that occur, getting them out of one difficulty or another and often we are rewarded by adding many years of more or less comfortable life to the patient. These diseases are causing a greater mortality with each succeeding year and it behooves the medical profession to keep well apace with the various work done along these lines.

The Chironian

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EDITORIAL

HOMEOPATHIC STANDARDIZATION.

IN the commercial world the trend is toward standardization of effort and output. We see this trend brought to a high point of efficiency in the phenomenal development of the Ford automobile industry, where it is possible to manufacture thousands of cars yearly, because all component parts of such cars are standardized and therefore interchangeable. The advantage of this plan is obvious and plainly evident in the wonderful success of Henry Ford.

In the medical profession, particularly in that branch of the profession which concerns itself with the teaching and training of physicians, an organized effort is now under way to standardize the course of instruction which the recent graduate undergoes during his interneship in the hospital. This effort is distinctly a progressive step and makes for increased efficiency in the physicians of the near future. Indeed, the time is not far distant when applicants for license to practice medicine will be obliged to present evidence of attendance upon such courses in recognized, standardized hospitals.

A possible objection to the plan, as briefly suggested, is that individual initiative may be discouraged by compelling all aspiring physicians to adapt themselves to a uniform process of moulding, whereby all will learn to do things in a routine, prescribed way. The objection, however, falls to the ground when we stop to reflect upon the immense field of medical endeavor, which allows an enormous latitude of thought and effort. After all, we must have some recognized basic method of accomplishment with which to commence.

In homeopathy this point of departure rests upon its three cardinal principles, viz., the similar remedy, the single remedy, the minimum dose. All homeopathic physicians, in theory, agree to these principles. In practice, however, each one of them is violated constantly by a large majority. This violation of basic principles betokens, therefore, not only innumerable differences in practice, but also wide variations in thought and opinion. Hence, in our hospitals at least, a chaotic state of homeopathic practice prevails, which, to the mind of the inquiring student of homeopathy, is both perplexing and discooraging. Our internes see the teachings of their undergraduate years nullified in actual practice, and soon come to believe that all instruction in homeopathic philosophy and materia medica is largely visionary, theoretical and of little real practical value.

The picture is not overdrawn and explains the fact that many an ardent undergraduate homeopath has become a postgraduate medical free-lance, so far as allegiance to homeopthy is concerned.

Is there a remedy for this evil state of affairs and, if so, can such remedy be applied with any hope of success? To us it seems as though a remedy can be found, if the following requirements be borne in mind: First, the adoption by our council of medical education of the American Institute of Homeopathy of a reasonable definition of the sphere and scope of homeopathy. Such definition need not and, in fact, could not be iron-bound, yet would set forth those conditions in which homeopathy is all sufficient and in which it should, therefore, be strictly applied; those in which it is of comparatively little value and to which, therefore, it hardly applies and those in which it is of secondary importance. Second, the recognition

by the American Institute of Homeopathy of a working rule or principle of potency selection, repetition of the dose, method of its administration, etc. In this recognition the range of potencies could be determined upon and the question of the advisability of the employment of the extremely high, machine-made potencies settled. Third, the determination of the propriety and wisdom of the use of adjuvants, palliatives, analgesics, etc. Have they a legimiate place in homeopathic practice and, if so, under which circumstances?

To those physicians who are not associated with homeopathic hospitals many of the above suggestions will doubtless appear to hover on the borderland of treachery to our cause, but to those who are thoroughly familiar with the difficulties and realities of hospital practice the reasons which have prompted these suggestions will be intelligible.

That the above suggestions, which, of course, are purely tentative, can be elaborated, modified and improved is beyond question; that they can be practically applied in all homeopathic hospitals which are associated with our colleges is certain, provided that they receive official recognition and adoption by the council of medical education of the American Institute of Homeopathy.

If the homeopathic school of medicine is to live and exert its influence in the world of science, it must measure up to the demands of science, it must cease to make unsupported claims and it must be willing to submit to the strong searchlight of Truth. No one need doubt its ability to stand the test.

R. F. Rabe, Class of 1896.

Nature has no nomenclature or classification of disease. She produces individual diseases, and insists that the true physician shall not treat in his brethren the systematic combination which makes up a *genus* of disease (a kind of confounding together of different diseases), but shall always treat the individuality of each individual case of disease. And she forbids the therapeutic treatment of groups of diseases constructed merely in the imagination of men, for such treatment is a crippling of the divine work of healing; on the contrary, she enjoins the treatment of individual disease, which she has wisely created as distinct entities.—*Organon of the Rational Art of Healing.*

Department of Chemistry

BY

PROFESSOR FRANK M. WRIGHT, CLASS OF 1910.

WHEN the Editor asked me to write an article on the Department of Chemistry, to be one of a series on the various departments of our College, I gladly accepted the opportunity, because I believe that THE CHIRONIAN should be encouraged in its present policy in acting as an Alumni bulletin, and of keeping the Alumni, who are not in daily contact with the College, informed of all that goes on in the institution. THE CHIRONIAN affords our Alumni an opportunity of keeping up with the College, of expressing their opinions and of discussing them in its columns. These discussions bring us much nearer our Alma Mater both in thought and action; and it is upon this thought and action, provided it is purely unselfish that the college must depend for her strength.

There have been, there are, and always will be many things about this College, as about all others, to merit criticism; and it helps not at all to draw attention to these points unless it is done in a constructive way, and with a will to do one's part to aid in building up the object of our common interest. This spirit, at times so rare, has apparently shown itself among our Alumni of late; and if they will but keep it up, they can make of the College what they will.

It is, therefore, with the desire to tell the Alumni of the changes that have taken place in the Department of Chemistry, and how the work is being conducted, that I am writing.

Do you remember the old chemistry laboratory, how it impressed you as you entered it on a Monday morning, or after a holiday? In those days many of us realized why Mondays were called blue. I suppose any of the rooms would have appeared blue under those circumstances, but then the laboratory desks were so blue they were actually black, and the sinks were hardly bigger than sputum cups and not half so handy. The bottle racks were so high that one could readily test the fire-extinguisher

upon a neighbor with impunity, if the Professor was at the other end of the room. Then Chemistry for the medical student was a subject which seemed rather forced upon him, than a subject of practical application to his chosen work.

Now things are very different. As one reaches the top of the first flight of stairs in the College, and turns to the left, he beholds a door containing two glass panels through which he sees a large room, which might have been the old laboratory, but now looks larger and lighter. If the visitor tries the door he will find it locked. This does not signify that he is unwelcome. It only means that "boys will be boys," and the instructors like to know how many in a class come in late, or who found it necessary to go out for a quiet smoke.

If you find the door locked, press the button on the left and Sam, the colored assistant, will respond to the bell and usher you into a room, which is actually cheerful to look upon. It is painted white with a four-foot slate border and black trimmings. There are no more windows than there used to be, but it is ever so much lighter.

You will immediately notice the change in the desks. The aisle does not lead up to the center of the room, as it used to, the desks have been shoved together towards the south side, leaving an aisle along the wall on the north side. This arrangement provides three long desks, each having six double lockers on a side, and one small desk of half the length, a total of eighty-four lockers. The desks have tile tops, and a coat of white paint; the bottle racks are one story and low enough to give an unobstructed view of the whole laboratory. These are stained black. No more little sputum cups for sinks; now there is a trough running the whole length of the desk, drained into a waste pipe at the south end. Above the trough, but below the bottle racks, run the water and gas pipes with faucets and gas connection opposite each locker. This one line of plumbing saves for students working on both sides of the desk. It is a very economical system as regards plumbing repairs.

Passing down the aisle on the east end of the room, you will notice the old hood in one corner as before, and in the other a demonstration desk and back of it a slate black-board. There is a sink for washing large apparatus next to the hood. The

bottles on the walls and the cabinet at the west end of the laboratory are still there as of old.

The small room, just off the east end of the laboratory, is now used as office of the department and for research. "The chemical lecture room" has not been changed.

The stock room between the elevator shaft and the west end of the big laboratory is ruled over by Sam, who keeps it in good order and takes charge of the apparatus.

Each student, in beginning a course, receives his locker key and a printed list of necessary apparatus. He then goes to the stock room and receives his supplies, and signs the list as a receipt, this list being filed with the head of the department. If during the course any additional apparatus is needed, the student signs a requisition blank for it. At the end of the term he returns the apparatus to the stock room and is credited with whatever is returned in good order. Missing, broken or dirty articles are charged against his laboratory deposit. The students are always privileged to leave their desks dirty for Sam to clean in return for the consideration of a fee of ten cents to be charged against the laboratory deposit, but they do not usually avail themselves of this opportunity.

Student assistants have been largely done away with. A schedule of a medical student is too full to allow him time enough for much consistent out-side work, and if several students are employed to do the work, it is impossible to place responsibility where it belongs. Therefore, only one student assistant, a freshman, Mr. Paul Jouard, is employed to make solutions. The rest of the work, such as taking charge of apparatus, keeping that and the desks and the bottles clean, running errands, etc., is done by Sam, who fills a full time paid position, established by the Board of Trustees last October. The granting of this position has done wonders in facilitating the work of the department.

The State now requires that students, matriculating at a Medical College, must, in addition to a specified number of Regents counts, have completed a year's residence at an accredited college or university, and have passed a year of Physics, Chemistry and Biology. The State allows our College to give a course designed to cover these requirements.

This Pre-medical Class, as it is called, took up the subject of general inorganic chemistry during the first semester. They devoted two or three hours each week to lectures and quizzes, and, while it had been planned to devote six hours a week to the laboratory work, the unexpected enrollment of ninety odd necessitated a division of the class into the two sections, and a doubling of the laboratory hours.

The lectures and quizzes were based upon Alexander Smith's "General Chemistry for Colleges." The instructor dwelt especially upon the fundamentals of the subject, laying emphasis on those aspects on physical chemistry that are being applied more and more to the scientific study of experimental medicine. The laboratory work consisted of selected experiments taken from Alexander Smith's "Laboratory Outline." These experiments illustrated the important points dwelt upon in the lectures.

The ranks of the Pre-medical Class have thinned from ninty to sixty odd, as a result of the work of the first semester, and I am taking up the study of qualitative analysis with them. This schedule allows the same amount of time as during the first semester. This is essentially a laboratory course; the lecture and quizz hours are utilized for the purpose of instructing the class in laboratory technic and explaining difficulties met with in the laboratory. The text used is "The Elements of Qualitative Analysis," by William A. Noyes, a book chosen for its simplicity and clearness. The class first performs the preliminary experiments on the metals of each group, then analyzes a solution containing all the metals of the group, then an "unknown" solution containing some or all of the metals of the group and finally a second "unknown" containing some or all of the metals studied to date. In the same way they take up analysis of the acids in their respective groups. The class is graded mostly upon the results of the analyses of the "unknown" solution, and, as they do not all receive the same, each man has to depend upon his own resources.

This course is particularly valuable to these Pre-medical students for it gives them a training in a technique which is in a way very similar to the technique which they must learn later in their course, when they take up bacteriology and surgery. A man who cannot learn what it is to keep chemically clean, can hardly hope later on to keep surgically clean.

The Freshmen are taking up the study of organic chemistry during their second semester; they devote three hours to lectures and quizzes and six hours to laboratory work each week. The course aims to provide the student with a thorough knowledge of the fundamentals of the organic chemistry, both in order to prepare him for his course in Physiological Chemistry, and to furnish him with an adequate acquaintance with all modern phases of the subject. so that the countless references to organic chemistry met with in all the modern publications will not be an unknown language to him. The course is intended to dwell upon a thorough consideration of fundamentals rather than upon a superficial survey of all its minutiæ.

The laboratory work follow the lectures in a general way; each student is required to make a few organic preparations by standard methods and has an opportunity to study the great number of other compounds by means of test-tube reactions. The text used is Holleman's "Organic Chemistry" and the laboratory experiments are selected from various manuals.

The most important and interesting subject of this department for the medical students is physiological chemistry and the preceding courses are planned so as to give him a thorough foundation for this study, which is taken up in the Sophomore year. Nine hours a week, of which at least six were laboratory hours were devoted to this subject during the first semester.

It seems to me that in a general elementary course in this subject it is essential to ground the student in the fundamentals of chemistry, as applied to physiological processes, rather than to use the limited time allowed for quantitative work, which is really the application of the subject to diagnosis, and should be given in a separate course as is done at the College of Physicians and Surgeons, of Columbia University. There an elective course on Methods is available to the medical students after having passed the required elementary subjects of physiological chemistry.

Until the college is to allow time enough for such elective courses, our students will get their training in laboratory diagnosis in the Sophomore year from the course in Urology and in the Junior and Senior years from their clinical work.

A medical student, who has been thoroughly grounded in

the fundamental subjects of his first two years, while he may in his early years of practice not have a conspicuous advantage over his fellows, who have sacrificed the basic subjects for the practical work, does have a decided advantage over them in later years, when his knowledge of fundamentals enables him so much more readily to grasp the new ideas that must be assimilated by the progressive practitioner.

In the laboratory the class followed the printed notes of Professor William J. Gies, of Columbia University. These notes were given preference over other texts because in them the chemistry of the cell is made the basis of the work, and the subject is elaborated from the simple to the more complex living organism as a course on Normal Nutrition. As supplementary to the laboratory notes and lectures, Hawk's "Practical Physiological Chemistry," 5th edition, and Mathew's "Physiological Chemistry," 2d edition, were advised, while Hammarsten's "Physiological Chemistry" was named as a good reference book.

The yeast cell, while studied as a living entity, having all the chemical functions of the higher organisms was taken with special reference to the study of enzymes; sucrase being a particular example. Nucleo-proteins were also studied in connection with the yeast cell.

The oxidizing enzymes were studied in connection with the potato and apple. In addition the class made a qualitative analysis of these articles of food and isolated the starch from the potato and from the apple they demonstrated the pectin, the polysaccharide, which is the basis of the jell in fruit jellies.

In the study and analysis of the hen's egg, special emphasis was laid upon the lipins which the class extracted from the yolk, and upon the ova mucoid isolated from the egg white.

Wheat flour and bread were analyzed and special stress was laid upon the isolation and proportionate quantities of starch to the proteins, glutenin and gliadin composing the gluten.

Butter, milk, and blood were thoroughly studied in that physical, chemical, and physiological relationship.

The chemistry of normal digestion was worked out by the class in detail. They were drilled upon the enzymes of the digestive tract; where these enzymes are produced; under what conditions they work; what substances they work upon, and

what their products are. The laboratory experiments demonstrated the effects of dilutions upon the functions of the salivary ptyalin and gastric pepsin, the effect of the different degrees and kinds of acidity and alkalinity upon the functions of the salivary, gastric, pancreatic and intestinal enzymes, as well as the effects of heat and cold and of different inorganic and organic chemicals upon these functions.

The bile was studied with reference to its constituents, their derivations and functions, especially the power of the bile to emulsify fats, and its lack of bactericidal action with reference to the the putrefactive bacteria.

The products of digestion, their absorption and assimilation and their elimination of the normal and abnormal products of metabolism were emphasized especially, in view of increasing the importance of this subject to the prophylaxis of intestinal disturbances, high blood pressures, and other sequelæ.

The analysis of the tissues of the body brought out the chief characteristics of each, as, for instance, the resistance of the keratin of the hair, horn and other epithelial structures to chemical actions, also the production of pigmentation in the epithelial tissues, the collagen of the tendons and production of gelatine therefrom, the elastin of the ligaments, the mineral salts, protein and fat constitutents of the bones, the nitrogenous extractives of muscles, including the chief theories for rigor mortis.

In addition to what has been described, the enzymes, carbohydrates, fats and proteins, including the ammino acids, were very thoroughly drilled into the class, and a thorough understanding of the tests so frequently used in the laboratory were insisted upon.

All through the work the practical application of the subject matter to the prevention of the cure of the disease was emphasized, as, for instance, the reason for the preference for the organic acid mouth wash, vinegar, in dental hygiene, over alkaline washes previously used. In fact, these phases of the subject have supplanted the former application of chemistry to diagnosis, which is and should be thought in other courses after the chemistry and physiology is thoroughly understood.

The advancing standards of medical education are demanding more and more insistently that our schools shall not only

turn out proficient graduates, but that they should carry on consistent laboratory research work. It is to this in view that our laboratory departments have been put on a twelve months' basis, for during the academic year we have little time for this work, and must therefore rely on the summer term for it.

Although the college has made provision in its schedule, one of our Seniors, Mr. Adolph S. Kramer, is voluntarily carrying on research of real value under the direction of the Departments of Chemistry, Physiology and Pharmacology; and it is to be hoped that he may be able to continue this work after graduation, and that more of our students will be interested to follow his lead, for if we, as Homeopaths, do not soon establish our system of therapy upon a modern scientific basis, the opportunity will be snatched from us by our "Old School Brethren," and they may then name it what they will, but it will not be Homeopathy.

The nomenclature or classification of the countless varieties of disease, even if it could be accomplished with tolerable accuracy and completeness, would serve the physician only as a natural historian, in the way that the classification of other natural phenomena and natural objects is of value in general natural history. In other words, it would aid his historical perception by means of a tabulated and ordered survey. But for the physician as a practitioner of the art of medicine it would be of no value whatever. For the true art of treating disease cannot rest content with such simple one-sided resemblances as suffice for the classification of diseases into genera and species. On the contrary, it must make the most complete survey of every single case of disease that comes to be treated before it can select the remedy exactly suitable thereto, that is, before it can deservedly be called a well-founded and rational art of cure.—*Organon of the Rational Art of Healing.*

College Notes

Tuesday, the 3rd of April, will long be remembered in the annals of our College. The early student arrivals in passing through the lower hall of the college building were advised that the student body, because of President Wilson's war message to Congress, had declared a holiday. The excitement and moment of a great crisis day in the history of our Country made it seem advisable not to have classes. Instead to have a great patriotic meeting at which every one might express a thorough-going devotion to the Government of the United States.

A meeting presided over by the senior class president was quickly called in the senior lecture room, and a clamoring, patriotic group of several hundred students expressed unequivocal and enthusiastic allegiance to the President of the United States. Almost immediately the purpose of the meeting was known. A subscription was asked to purchase a new flag for the college, and approximately $75.00 was subscribed.

Dr. S. A. Hill, of the faculty, read in its entirety the message of the President to Congress. With serious attention the student body listened in silence to the acceptable presentation of the message, and at the termination of the reading deafening applause, which lasted for several minutes, broke the tense period preceding.

A. Cummins, class of 1917, spoke briefly and to the point regarding the challenge to the entire student body to uphold the principle of loyalty in this great crisis hour.

Professor Barrows, in a few words, pointed out that a meeting such as was being held would be of value to the spirit of the college if given expression in a justly patriotic spirit. He intimated that whatever might have taken place in the past through a misunderstanding upon the part of some, should be forgotten. That until Congress officially declared war he trusted that the students would bear with each other regarding difference already among them. These previous differences were eliminated by acclaim, and Professor Barrows thanked heartily for his help and suggestion.

A rising vote of thanks expressed the appreciation of the student body for the acceptable reading of the President's Message by Dr. Hill.

A flag committee was appointed to purchase a flag which now floats over the college building, an unspoken argument of the eagerness of the entire student body to do their part for their country.

On Thursday afternoon, April 5th, at 3 P. M., the flag was dedicated, and a vast audience of students, alumni and faculty crowded the senior lecture room to its full seating capacity. Dr. Copeland, our Dean, delivered an inspiring patriotic address which challenged the best in every one present, on behalf of our country. The appeal was received with great applause and was followed by speeches by Dr. Sheldon and others.

The students then marched two by two through the building to the campus in front of the college building where the flag was gaily unfurled. A number of moving picture men clicked their machines as the students marched by in file, saluting the flag. Newspaper men reported the occasion as one of unusual patriotic college spirit.

The event will long be remembered and it is such constructive work as this that shows that a dormant spirit of loyalty and love for the college abides in the thought of all the New York Homeopathic Medical College students. More money was raised for the large flag than was needed, and the balance was used to purchase a smaller flag for the library.

On each Thursday at 3 P. M. in the senior lecture room Col. Hartsock addresses the student body, faculty and alumni on "Military Surgery and Sanitation." A hearty invitation is extended to all to hear Col. Hartsock and see the moving pictures illustrating the vast work done by the Army and Navy Medical Corps of the United States.

J. V. Griswold, Class of 1921.

Royal S. Copeland, A. M., M. D.